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FILED

Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003852 (0)

1. Corporation Name
THE PALMS AT KENDALL, INC.



Principal Place of Business: 12384 SW 82 AVE. MIAMI FL 33156
Mailing Address: C O FOSTER COMPANY 12384 SW 82 AVE MIAMI FL 33156-5223

3. Date Incorporated or Qualified: 08/09/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 65-0516337
Applied For: Not Applicable

Suite, Apt. #, etc.: 22
27

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23
28

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24
Country: 25
29
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GIL, JULIA
9360 SUNSET DRIVE
SUITE 291
MIAMI FL 33173

81 Name: FOSTER J. SCOTT, JR.
82 Street Address (P.O. Box Number is Not Acceptable): 1290 12384 SW 82 AVE
83
84 City: MIAMI FL 85 Zip Code: 33150

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [Signature] DATE: 1-27-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SERRANO, RICK | |
| STREET ADDRESS | 12384 S.W. 82 AVE | |
| CITY-ST-ZIP | MIAMI FL 33156 | |
| TITLE | ST | <input type="checkbox"/> DELETE |
| NAME | MORANO, JULIO C JR | |
| STREET ADDRESS | 12384 S.W. 82 AVE | |
| CITY-ST-ZIP | MIAMI FL 33156 | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | BOAN, ANDY | |
| STREET ADDRESS | 12384 S.W. 82 AVE | |
| CITY-ST-ZIP | MIAMI FL 33156 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GARCIA, JANET | |
| STREET ADDRESS | 12384 S.W. 82 AVE | |
| CITY-ST-ZIP | MIAMI FL 33156 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | LOPEZ, GENE | |
| STREET ADDRESS | 12384 S.W. 82 AVE | |
| CITY-ST-ZIP | MIAMI FL 33156 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | Moreno |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 1-27-97 254-7228

CR2E037 (9/96)